



The United States Patent and Trademark Office

In re Application of:

Assignee: Genentech, Inc.

Inventors: Jeffery L. Cleland

Application No: 08/846,933

Filed: April 30, 1997

For: METHODS AND  
COMPOSITIONS FOR  
MICROENCAPSULATION  
OF ANTIGENS FOR USE  
AS VACCINES

Group Art Unit: 1641

Examiner: Ryan, V.

Attorney Docket No.: 14918-707CPA4

Certificate of Mailing Under 37 C.F.R. § 1.8

Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: July 19, 1999

Type or Print Name of Person Mailing: Laurie Oppenheimer

*Laurie Oppenheimer*

Signature of Person Mailing

RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Office Action mailed on March 17, 1999, enclosed herewith for filing are the following.

- ☒ Amendment Under 37 C.F.R. § 1.111.
- ☐ Revocation of Power of Attorney and Appointment of New Attorney
- ☐ Amendment after Final Action Under 37 C.F.R. § 1.116
- ☒ Request for Extension of Time to File Response Under 37 C.F.R. § 1.136 (a).
- ☐ Response to Restriction Requirement Under 35 U.S.C. § 121.

- ☒ A Check in the amount of \$110.00 is enclosed, calculated as follows:
  - ☒ \$55.00/\$110.00 for response within first month.
  - ☐ \$190.00/\$380.00 for response within second month.
  - ☐ \$435.00/\$870.00 for response within third month.
  - ☐ \$680.00/\$1,360.00 for response within fourth month.
  - ☐ Fee for additional claims (see below for calculation).

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. Sections 1.16-1.17 or to credit any overpayment, to Deposit Account No. 13-0257. Should no proper payment be enclosed herewith, as by a check being in the wrong account, unsigned, post-date, otherwise

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 13-0257. This sheet is filed in duplicate.

### Fee Calculation Claims

					SMALL ENTITY		OTHER	
					Rate	Fee	Rate	Fee
Basic Fee	Current Claims		Highest Previous					
Total Claims	12	-	20	=	x 9	\$	x 18	\$0
Indep. Claims	1	-	3	=	x 39	\$	x 78	\$0
Multiple Dependent Claim(s):					+130	\$	+ 260	\$0
					TOTAL:	\$	TOTAL:	\$0

Please address all correspondence regarding this communication to the following address:

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Date: July 19, 1999

Respectfully submitted,

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